

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/240,844	02/01/99	345	2774	1960.103

APPLICANT JEFFREY A. SMITH, STOUFFVILLE, CANADA; ALAN PAGE, TORONTO, CANADA;
S. PRASSAD MARUVADA, NEWMARKET, CANADA; SCOTT A. NORTHMORE, CARLING,
CANADA.

CONTINUING DOMESTIC DATA*** None
VERIFIED

K.V.

371 (NAT'L STAGE) DATA*** None
VERIFIED

K.V.

FOREIGN APPLICATIONS***
VERIFIED

None

K.V.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>K.V.</u> Examiner's Initials Initials					

SEE CUSTOMER NUMBER: 005514
James C. Scheller, Jr.
BLAKELY, SOKOLOFF TAYLOR & ZAFMAN LLP
12400 Wilshire Boulevard, Seventh Floor
Los Angeles, CA 90025

TITLE USER INTERFACE METHOD AND SYSTEM FOR APPLICATION PROGRAMS IMPLEMENTED
WITH COMPONENT ARCHITECTURES

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$890		



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Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 7867

SERIAL NUMBER 09/240,844	FILING DATE 02/01/1999 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. 1960.103	
APPLICANTS JEFFREY A. SMITH, STOUFFVILLE, CANADA; ALAN PAGE, TORONTO, CANADA; S. PRASSAD MARUVADA, NEWMARKET, CANADA; SCOTT A. NORTHMORE, CARLING, CANADA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/19/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
ADDRESS 25920					
TITLE User interface method and system for application programs implemented with component architectures					
FILING FEE RECEIVED 1334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		